

ROTHERHAM
RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH

For the Year 1905.

LEWIS J. WEATHERBE, Medical Officer of Health.



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Vital Statistics.

POPULATION estimated to Middle of each Year.	BIRTHS.		Total Deaths Registered in the District				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all ages belonging to the District.	
			Under 1 year of Age.		At all Ages.					Num- ber.	Rate
	Num- ber.	Rate.	Num- ber.	Rate per 1,000 Births regis- tered.							
(1904) 19000	747	39.15	99	132.53	293	15.42	3	0	6	299	15.73
(1905) 23000	764	33.21	109	142.67	335	14.56	10	4	2	333	14.47

Area of District
in acres (excluding
Water) } 34825

Total Population at all ages, 18805—Census of 1901.
No. of Inhabited Houses, 3697.
Average No. of Persons per House, 5.09

Year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 Year.
1900 ...	20000	621	310	100
1901 ...	19000	662	289	119
1902 ...	19000	644	249	81
1903 ...	19000	755	312	103
1904 ...	19000	747	293	99
1905 ...	23000	764	335	109

GENTLEMEN,

During the year ending December 31st, 1905, 335 deaths occurred in your district, giving a death-rate of 14.56 per 1,000. The death-rate in 1904 was 15.42 per 1,000, in 1903 16.42 per 1,000, in 1902 13.1 per 1,000, in 1901 15.2 per 1,000, and in 1900 15.5 per 1,000. Thus, with the exception of that in 1902, the death rate for last year was the lowest for six years.

Twenty-six deaths were due to Zymotic diseases, giving a zymotic death-rate of 1.13 per 1,000. This is slightly higher than for the previous year, when the zymotic death-rate was 1 per 1,000, and slightly lower than that for 1903 when the zymotic rate was 1.15 per 1,000. Considering, however, that 32 more cases of infectious disease occurred in 1905 than in 1904, the zymotic death-rate is satisfactorily low for the past year.

Nine deaths were due to Typhoid Fever, seven to Scarlet Fever, three to Diphtheria, two to Influenza, three to Measles, one to Erysipelas, and one to Whooping Cough. Diarrhœa, as usual, was extremely fatal, causing twenty-six deaths, all in children under five years of age, and twenty-one of these were under one year old. Probably the extreme prevalence of, and high mortality from, diarrhœa during the summer months, was in some measure due to the scarcity of rain and the high temperature during those months; and partly to the same causes may be attributed the prevalence of Typhoid Fever. Twenty-six deaths were certified as being due to premature birth, making the infant mortality from this cause as high as that from Diarrhœa.

Causes of, and Ages at, Death during 1905.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Total Deaths whether of Residents or Non-Residents in Public Institutions in the District.
	All Ages.	Under 1 Year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	
Measles	3	...	3	...	...	...	...	...
Scarlet Fever ...	7	...	2	4	1	...	...	4
Whooping Cough	1	1	...	...	...	...	...	..
Diphtheria&Mem- branous Croup..	3	1	1	...	1	...	..	..
Fever, Enteric ..	9	...	...	...	5	4	...	6
Epid'mc Influenza	2	...	...	...	...	1	1	..
Diarrhœa... ..	26	21	5	...	...	...	...	.
Enteritis	7	4	...	1	1	1	...	...
Erysipelas ...	1	...	...	...	...	...	1	...
Other septic dis- eases	3	...	...	...	...	3	..	..
Phthisis (Pulmon- ary Tuberculosis)	23	...	2	2	4	12	3	..
Other tubercular diseases	9	...	4	1	3	1	...	..
Cancer, malignant disease	9	...	...	...	...	5	4	...
Bronchitis	35	13	6	...	...	4	12	...
Pneumonia	34	12	10	...	2	8	2	...
Other diseases of Respiratory organs	1	1	...	...	...	...	...	...
Alcoholism } Cirrhosis of liver }	3	...	...	...	...	2	1	...
Premature birth...	26	26	...	...	...	...	...	...
Diseases and acci- dents of parturit'n	2	.	...	...	...	2	...	...
Heart diseases ...	22	...	1	...	1	7	13	..
Accidents	14	...	1	2	4	7	...	...
Suicides	1	...	...	...	...	...	1	...
Convulsions	20	16	4	...	...	...	...	.
All other causes ..	74	14	5	4	5	18	28	...
All causes	335	109	44	14	27	75	66	10

During the year just ended 109 deaths occurred in children under one year of age, making the infant mortality 142.67 per 1,000 births, being somewhat higher than for the previous year, when it was 132.53 per 1,000 births.

The death-rate from Phthisis was 1 per 1,000, and that from other Respiratory diseases 3.04 per 1,000.

Infectious disease has again been very prevalent, 221 cases having been notified during the year. Of these, 136 were Scarlet Fever, 43 Typhoid Fever, 24 Erysipelas, 11 Diphtheria, 2 Membranous Croup, and 5 Small-pox. These numerous cases were pretty evenly distributed over the district, the more thickly populated portions, as usual, claiming the greater number. In the South Rotherham district 174 cases were notified, the remaining 47 occurring in the North Rotherham district.

In the Southern district 53 cases of Scarlet Fever, 26 of Typhoid Fever, 3 of Small-pox, and 1 of Diphtheria, were removed to Hospital; while in the Northern district, 12 cases of Scarlet Fever, 2 of Typhoid Fever, 2 of Small-pox, and 1 of Diphtheria were removed, the remaining cases being isolated at their own homes. In every case of infectious disease notified, the premises have been immediately visited, and where possible the patient removed to Hospital and the house thoroughly disinfected, and where removal has not been carried out, instructions have been given for the

Infantile Mortality during the year 1905.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes :																	
Certified	25	5	5	3	38	2	8	5	10	9	8	3	9	5	6	4	107
Uncertified							1	1									2
Common Infectious Diseases :																	
Diphtheria : Croup															1		1
Whooping Cough													1				1
Diarrhoeal Diseases :																	
Diarrhoea, all forms							4	1	6	3	4		2			1	21
Enteritis (not Tuberculous)														2			2
Gastritis, Gastro-intestinal																	
Catarrh									1	1							2
Wasting Diseases :																	
Premature Birth	20	2	2	1	25					1							26
Atrophy, Debility, Marasmus	2	1			3	1		1	1	3			1				10
Rickets													1				1
Meningitis (not Tuberculous)																1	1
Convulsions	3	2	2	2	9			1	1		1		1		2	1	16
Bronchitis						1	4		1	1	1	1		1	2	1	13
Laryngitis													1				1
Pneumonia			1		1				2		2	2	2	2	1		12
Suffocation, overlaying							1										1
Other Causes								1									1
	25	5	5	3	38	2	9	6	10	9	8	3	9	5	6	4	109

Population (estimated to middle of 1905) 23,000.

Births in the year : legitimate, 747 ; illegitimate, 17.

Deaths from all Causes at all Ages 335.

nursing and isolation of the patient at home, and on recovery the premises have been disinfected. When possible, infected clothing has been removed to Hospital for disinfection, and in some cases badly infected clothing and bedding have been destroyed and the owners compensated. In my opinion, all infected bedding and clothing, whether belonging to patients removed to Hospital or to those isolated at home, should be either destroyed or thoroughly disinfected at the Hospitals. There has been considerable difficulty during the year in inducing the Hospital authorities to carry out the removal of infected clothing to and from the Hospital. Another matter to which I beg to draw your attention is the delay experienced in removing cases to the South Rotherham Joint Isolation Hospital on Saturdays and Sundays. This delay is, I am informed, due to the bad arrangements for "horseing" the ambulance, it being difficult to obtain horses on the days mentioned.

Cases of Infectious Disease notified during 1905.

Notifiable Disease.	Cases Notified in Whole District.					Total Cases Notified in each locality.		No. of Cases Removed to Hospital from each locality.	
	At all Ages.	Under 1.	Years.			South Rotherham District.	North Rotherham District.	South Rotherham District.	North Rotherham District.
		1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.			
Small-pox	5				5		2	3	2
Diphtheria	11	3	5	1	2		2	1	1
Membranous Croup	2	1					2		
Erysipelas	24		1	1	18	4	7	17	
Scarlet fever	136	3	77	8	2		33	103	12
Enteric fever.....	43	2	12	16	13		3	40	2
Totals	221	4	95	26	40	4	47	174	17

Scarlet Fever, as in the previous year, has been very prevalent, a larger number of cases having occurred than in 1904. In many instances the infection has been introduced from neighbouring districts where outbreaks have occurred, and as in the previous year, I have been able to trace the spread of infection to mild and unrecognized cases being allowed to mix with healthy persons at school and elsewhere. During an outbreak at Hooton Roberts, I discovered several such cases, so mild that they had not even been confined to the house. Where the disease has been prevalent, the neighbourhood has been frequently visited and inspected, and bills have been posted giving instructions for the prevention of spreading infection.

Typhoid Fever during the summer and early autumn occurred in many parts of the district, and was the cause of considerable anxiety. During the year 43 cases were notified, 9 of which terminated fatally. The most serious outbreak occurred at North Staveley, the first case being imported from without the district early in May. The patient was removed to Hospital, where he died. The house was disinfected and the midden-ashpit was emptied and disinfected. Another case, however, occurred in June and another in July, each being removed to Hospital immediately after notification, and particular attention was paid to the thorough disinfection of houses and middens. During August, September, and October, twenty-two further cases occurred, eighteen of which were removed to Hospital, no room being available for the other four, which were consequently isolated at their own homes. In endeavouring to trace the cause of the spread of infection I was able to exclude the milk supply and the water supply, which proved free from suspicion, and after numerous inspections and careful consideration, I came to the conclusion that the serious spread of the disease during this epidemic, was due to infected privy-middens, associated with flies, and soil polluted by fowls. The privy-middens are badly constructed and so situated that there is a free current of air through them into the living rooms of the houses. During meal times I noticed that dust and flies from the ashpits and yards had free entrance to the houses by the back doors and windows, which were constantly open during the hot weather. A considerable number of fowls were kept and allowed to wander at large in and out of the houses.

During the epidemic the ashpits and middens were emptied once a week, and kept thoroughly dry. The whole of the yards, drains, ashpits, and middens were sprinkled daily with a strong solution of perchloride of mercury; the fowls, pigeons, and pigs were removed; and all infected bedding was either destroyed (where badly infected) or removed to the Hospital for disinfection, and the houses where cases occurred were thoroughly disinfected.

A less serious outbreak of Typhoid Fever occurred at Whiston. The disease attacked six persons, but was fortunately of a mild

character and all recovered. Here I was able to trace the infection to the milk supply. The drainage and sanitary surroundings where these cases occurred being satisfactory I had a sample of the drinking water analysed, the result enabling me to exclude this as a source of infection. On turning my attention to the milk supply from Moorehouse Farm, Whiston, I found ample cause for the outbreak. In the farmhouse a man was ill with typhoid fever in rather an advanced stage, having been confined to his bed for over three weeks. On investigating further I found his sister had been ill in bed for some weeks, two months previously, having, no doubt, suffered from the same disease. Neither of these cases had been attended by a doctor, and the relations declared that they thought they were suffering from influenza.

On inspecting the premises I found that the drinking water was obtained from a good source, but through a leaky pump, which was frequently primed with water from a brook close at hand, badly contaminated with sewage.

The cowsheds were badly drained and badly ventilated.

On my recommendation the cows and all the milk cans were removed to another farm and the insanitary arrangements were remedied. After recovery of the patient the house, cowsheds, and yards were all thoroughly disinfected and no further spread of the disease took place. The other cases of Typhoid Fever which occurred in the district were more or less of an isolated character, and were dealt with in the usual way, no spread of the disease taking place. The bedding, the drains, the yards, and the midden ash-pits all received special attention, and disinfection of the houses was carried out in each case.

During the year just ended three slight outbreaks of Small-pox occurred, but in each case active measures were immediately adopted and the disease restricted to the early cases. In all, five cases occurred during the year.

The first outbreak occurred at Thorpe Hesley in January, and the infection was easily traceable to an extremely mild unrecognised case which occurred in an employe of the Midland Railway Co. The patient was a well vaccinated young man, and his attack had been of such a mild character that he had neither been confined to bed nor had he sought medical advice. A woman living in the same house, however, contracted the disease in a more severe form, and the only spread which took place was to another woman living near who had nursed her in the early stages of the disease, before its character was recognised. On the first case being notified, it was immediately removed to Hospital, the infected bedding and clothing destroyed, the house thoroughly disinfected, and all contacts and many neighbours vaccinated and kept under medical observation for fifteen days. The second case was treated in the same manner and no further spread occurred.

A second outbreak occurred at Wickersley but was restricted to two cases, and was dealt with in an exactly similar fashion to that at Thorpe Hesley. The first case at Wickersley probably contracted the disease when travelling outside the district.

A third outbreak occurred at Roydsmore Farm cottage, near Morthern, this being restricted to one case. This outbreak was dealt with in the same way as the two former. The probable origin of infection in this case was from infected tramps, who may have passed through the neighbourhood.

During the year 90 nuisances have been abated and 70 others are in hand.

The year 1905 was probably the driest for many years, and scarcity of water was severely felt at such villages as Wickersley, Brampton-en-le-Morthern, Ulley, and Guilthwaite. The deep well which was in the course of construction at Wickersley at the close of 1904 was not proceeded with, information coming to hand that faults occur in the strata which would not justify a further outlay on this scheme.

At a meeting of your Water Committee, on my suggestion, a resolution was unanimously passed that the wells at Bramley, where the quantity of water is ample, should be put in such a state of repair as to exclude all surface and subsoil waters, by having the walls properly built with brick set in good cement down to the solid rock, and by having them properly covered in and supplied with pumps.

A new "deep well" has been constructed on scientific lines at Bramley for the supply of some new property, and this is quite a model of what a well should be.

At the above mentioned meeting of the Water Committee it was also decided that all new wells sunk in the district must be so constructed that no surface or subsoil water can enter them.

I regret to say that nothing has yet been done with regard to the removal of the Temporary Infectious Hospital at Swallownest, to the Small-pox site at Brampton.

I beg to urge upon you once more the necessity for extension of the South Rotherham Joint Isolation Hospital, so that three diseases may be dealt with there at the same time.

In conclusion, I beg to mention the prompt and indispensable assistance I have received during the past year from the Sanitary Inspector and his staff in dealing with the extensive and serious outbreaks of Infectious Disease and other sanitary matters.

Yours obediently,

LEWIS J. WEATHERBE, M.B., C.M.

Medical Officer of Health.

